



**APPLICATION: FOR EXAMINATION FOR A WATER TREATMENT, WATER DISTRIBUTION,
WASTEWATER OPERATOR or CONCENTRATED ANIMAL FEEDING OPERATIONS (CAFO) CERTIFICATE**

INSTRUCTIONS TO APPLICANT

1. Please print in ink or type. Give complete and detailed answers. You will be credited only with drinking water treatment, distribution, wastewater and CAFO related education and experience shown in this application. If more space is needed, attach additional sheets or a resume. Be sure and list all water, wastewater and CAFO experience regardless of which certificate examination you are applying for.
2. Complete a separate application for each certificate examination level and type that you are applying for.
3. A Forty Five dollar (\$45.00) fee is required for an **initial** examination or a twenty (\$20.00) fee for the **reexamination** for the same type and level of certificate. Payment should be made by check or money order payable to: Department of Natural Resources. (Cash will not be accepted).
4. The applicant must sign and date the original application and submit fee to the address listed below. Incomplete applications will be returned.
5. The completed original application must be returned at least **30 days prior** to date of exam to the following address: Missouri Department of Natural Resources, Receipts and Reporting, PO Box 477, Jefferson City, MO 65102-0176.

GENERAL - PLEASE PRINT

7. <input type="checkbox"/> MR. <input type="checkbox"/> MS.	8. FIRST NAME	9. MIDDLE INITIAL	10. LAST NAME
11. HOME ADDRESS (STREET OR P.O. BOX NO.)		12. CITY	13. STATE
14. ZIP CODE		15. SOCIAL SECURITY NUMBER	16. HOME TELEPHONE NUMBER AREA CODE ()
17. PRESENT CERTIFICATION NUMBER			

EXAMINATION TYPE AND LEVEL

18. SELECT EXAMINATION TYPE AND LEVEL - CIRCLE ONE ONLY

DRINKING WATER TREATMENT			
A	B	C	D

WASTEWATER TREATMENT			
A	B	C	D

DRINKING WATER DISTRIBUTION		
DS-III	DS-II	DS-I

CONCENTRATED ANIMAL FEEDING OPERATIONS	
A	B

DECLARATION OF AGE ELIGIBILITY

19. I certify that I am at least sixteen (16) years of age (for Wastewater Treatment applicants only)
20. I certify that I am at least eighteen (18) years of age (for Drinking Water and CAFO Applicants only)

EXAMINATION FEE

21. This is my initial application to take an examination of this type and level and I am submitting \$45.00
22. I have previously taken this exam type and level but did not pass. I wish to reexamine and I am submitting \$20.00

EXAMINATION LOCATION - REGULARLY SCHEDULED SESSIONS AND LOCATIONS

23. Regularly scheduled examinations are generally given the first Tuesday of the month, except holidays. Please check only one (1) box for the month and location you wish to examine in. Check the "Special Session" box (24) below and fill in the date and location blanks if the exam is not a regularly scheduled one.

Springfield	<input type="checkbox"/> JAN.	<input type="checkbox"/> APR.	<input type="checkbox"/> JUL.	<input type="checkbox"/> OCT.		
Macon	<input type="checkbox"/> FEB.	<input type="checkbox"/> MAY.	<input type="checkbox"/> AUG.	<input type="checkbox"/> NOV.		
St. Louis (First Monday)	<input type="checkbox"/> MAR.	<input type="checkbox"/> JUN.	<input type="checkbox"/> SEP.	<input type="checkbox"/> DEC.		
Poplar Bluff	<input type="checkbox"/> JAN.	<input type="checkbox"/> APR.	<input type="checkbox"/> JUL.	<input type="checkbox"/> OCT.		
Lee's Summit	<input type="checkbox"/> FEB.	<input type="checkbox"/> MAY.	<input type="checkbox"/> AUG.	<input type="checkbox"/> NOV.		
Jefferson City	<input type="checkbox"/> JAN.	<input type="checkbox"/> FEB.	<input type="checkbox"/> MAR.	<input type="checkbox"/> APR.	<input type="checkbox"/> MAY	<input type="checkbox"/> JUNE
(OFFERED MONTHLY)	<input type="checkbox"/> JULY	<input type="checkbox"/> AUG.	<input type="checkbox"/> SEPT.	<input type="checkbox"/> OCT.	<input type="checkbox"/> NOV.	<input type="checkbox"/> DEC.

SPECIAL SESSIONS AND ACCOMMODATIONS

24. SPECIAL SESSION - DO NOT COMPLETE IF YOU HAVE MARKED A SESSION IN NUMBER 23.
DATE: _____ LOCATION: _____
25. DO YOU REQUIRE ANY SPECIAL ACCOMMODATIONS IN THE SCHEDULING OF EXAMINATION? YES NO
IF YES, GIVE DETAILS HERE

◀ FORM CONTINUES ON BACK

FORM CONTINUES ON BACK ▶

REMEMBER:

Be sure you sign, date and include fee!

Make check or Money Order to:

Department of Natural Resources

Mail at least 30 days before examination!

SEND ORIGINAL, SIGNED APPLICATION TO:

Department of Natural Resources

Receipts and Reporting

P.O. Box 477

Jefferson City, Missouri 65102

NOTE: TO ASSURE THIS APPLICATION IS MAILED ON TIME IT IS RECOMMENDED THAT YOU MAIL IT YOURSELF.

EDUCATION: ATTACHED TRANSCRIPTS, CERTIFICATES OF COMPLETION OR OTHER PROOF OF ATTENDANCE

26. COMPLETED HIGH SCHOOL DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO		27. GED <input type="checkbox"/> YES <input type="checkbox"/> NO	
28. HIGH SCHOOL NAME		29. YEAR GRADUATED	30. LOCATION

31. MULTI-DAY, WATER TREATMENT, WATER DISTRIBUTION, WASTEWATER AND CAFO SHORT COURSES AND HOME STUDY COURSES.

COURSE TITLE	LOCATION	STARTING DATE	ENDING DATE	MO. COURSE APPROVAL NO.	HOURS

32. OTHER TRAINING (TRADE OR VOCATIONAL SCHOOL, MILITARY, ETC.)

SCHOOL NAME	LOCATION	STARTING DATE	ENDING DATE	SUBJECTS	HOURS

33. COLLEGE/UNIVERSITY

SCHOOL NAME	LOCATION	DEGREE TYPE	MAJOR	DATE RECEIVED

34. HAVE ATTACH A COPY OF MY TRANSCRIPT OR CERTIFICATE OF COMPLETION FOR EACH SCHOOL

EMPLOYMENT HISTORY DUTIES

35. DESCRIBE IN CHRONOLOGICAL ORDER, BEGINNING WITH THE MOST RECENT, THE DUTIES AND RESPONSIBILITIES OF POSITIONS YOU HAVE HELD IN THE WATER, WASTEWATER AND CAFO FIELDS. BE SPECIFIC IN DESCRIBING DUTIES PERFORMED. ATTACH RESUME OR ADDITIONAL SHEET IF DESIRED.

EMPLOYER'S NAME		SHOW THE % OF TIME SPENT ON EACH DUTY IN COLUMN AT LEFT.	
EMPLOYERS ADDRESS			
CITY, STATE, ZIP CODE			
FROM: MO/DAY/YEAR	TO: MO/DAY/YEAR		
HOURS PER WEEK	TELEPHONE ()		
JOB POSITION/TITLE	NO. OF EMPLOYEES YOU SUPERVISE		
YOUR SUPERVISOR'S NAME	YOUR SUPERVISOR'S TITLE		

EMPLOYMENT HISTORY DUTIES

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JOB POSITION/TITLE	NO. OF EMPLOYEES YOU SUPERVISE		
YOUR SUPERVISOR'S NAME	YOUR SUPERVISOR'S TITLE		

OPERATOR PLEASE READ AND SIGN

I hereby certify that this application contains no willful misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should investigation at anytime disclose any such misrepresentation or falsification or fact, this application will be rejected and my Missouri certification revoked.

SIGNATURE OF OPERATOR	DATE
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DEPARTMENT OF NATURAL RESOURCES OFFICE USE ONLY (PLEASE DO NOT WRITE BELOW THIS LINE)

AMOUNT RECEIVED	RECEIVED BY	DATE RECEIVED
CERTIFICATE LEVEL ISSUED	CERTIFICATION NUMBER	
DATE ISSUED	RENEWAL DATE	
ISSUED BY		

RECEIPTS AND REPORTING - EXAMINATION FEE (FOR DEPARTMENT USE ONLY)

AMOUNT RECEIVED	RECEIVED BY	CHECK NUMBER	DATE RECEIVED
CHECK THE APPROPRIATE ACCOUNT			
DRINKING WATER: (0679-780-3450-1149-O2-UFDW)			
WASTEWATER & CAFO: (0568-780-3450-1100-UFTA)			